

**FY 2014**  
**CHAPTER 59 ASSET FORFEITURE REPORT**  
**BY ATTORNEY REPRESENTING THE STATE**

Agency Name: _____  Agency Mailing Address: _____ _____ _____  Phone Number: _____  County: _____  Email Address: _____	Reporting Period: (local fiscal year) _____  example:            09/01/13 to 08/31/14      This should be a permanent agency email address
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**NOTE: PLEASE ROUND ALL DOLLAR FIGURES TO NEAREST WHOLE DOLLAR.**

<b>I. SEIZED FUNDS PURSUANT TO CHAPTER 59</b>	
A) Beginning Balance:	\$
B) Seizures During Reporting Period:	
1) Amount seized by employees of your agency:	\$
2) Amount seized by other agencies:	\$
C) Forfeiture Petitions Filed for All Agencies You Represent:	\$
D) Forfeitures Pending For All Agencies You Represent:	\$
E) Interest Earned on Seized Funds During Reporting Period:	\$
F) Amount Returned to Defendants/Respondents:	\$
G) Amount Transferred to Forfeiture Account:	\$
H) Other Reconciliation Items:	\$
I) Ending Balance: <b>Instructions:</b> Add lines A, B(1), B(2) E and H, subtract lines F and G, put total in line I.	\$
<b>II. FORFEITED FUNDS AND OTHER COURT AWARDS PURSUANT TO CHAPTER 59</b>	
A) Beginning Balance:	\$
B) Amount Forfeited For All Agencies You Represent and Covered by Local Agreement:	
1) Amount Forfeited and Transferred to all Agencies Covered by Local Agreement:	\$
2) Amount forfeited and Received by Your Agency:	\$
C) Interest Earned on Forfeited Funds During Reporting Period :	\$

D)	Amount Awarded For All Agencies You Represent Pursuant to 59.022 (f)(1):	
	1) Amount Awarded and Transferred to all Agencies Pursuant to 59.022 (f)(1):	\$
	2) Amount Awarded and Received by Your Agency Pursuant to 59.022 (f)(1):	\$
E)	Amount Awarded For All Agencies You Represent Pursuant to 59.023(a):	
	1) Amount Awarded and Transferred to all Agencies Pursuant to 59.023(a):	\$
	2) Amount Awarded and Received by Your Agency Pursuant to 59.023(a):	\$
F)	Proceeds Received by Your Agency From Sale of Forfeited Property:	\$
G)	Amount Returned to Crime Victims:	\$
H)	Other Reconciliation Items:	\$
I)	Total Expenditures of Forfeited Funds During Reporting Period:	\$
J)	Ending Balance: Instructions: Add lines A, B(2), C, D(2), E(2) and F, subtract lines G, H and I, place total in line J.	\$

### III. OTHER PROPERTY

Please Note: these should be a number, not a currency amount. For example: 4 pending, 3 seized, 12 new petitions, etc....	MOTOR VEHICLES (Include cars, motorcycles, tractor trailers, etc.)	REAL PROPERTY (Count each parcel seized as one item)	COMPUTERS (Include computer and attached system components, such as printers and monitors as one item)	FIREARMS (Include only firearms seized for forfeiture under Chpt. 59. Do not include weapons disposed of under Chpt. 18)	OTHER (Include description)
Pending for all agencies at beginning of reporting period:					
Seized by your agency during reporting period:					
New petitions filed for all agencies during reporting period:					
Forfeited to your agency during reporting period:					
Put into service by your agency during reporting period:					
Pending for all agencies at end of reporting period:					

### IV. FORFEITED PROPERTY RECEIVED FROM ANOTHER AGENCY

A)	Motor Vehicles:	#
B)	Real Property:	#
C)	Computers:	#

D)	Firearms:	#
E)	Other:	#
<b>V. FORFEITED PROPERTY TRANSFERRED OR LOANED TO ANOTHER AGENCY</b>		
A)	Motor Vehicles:	#
B)	Real Property:	#
C)	Computers:	#
D)	Firearms:	#
E)	Other:	#
<b>VI. EXPENDITURES</b>		
<b>A) SALARIES</b>		
1.	Increase of Salary, Expense, or Allowance for Employees (Salary Supplements):	\$
2.	Salary Budgeted Solely From Forfeited Funds:	\$
3.	Number of Employees Paid Using Forfeiture Funds:	#
4.	<b>TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:</b>	\$
<b>B) OVERTIME</b>		
1.	For Employees Budgeted by Governing Body:	\$
2.	For Employees Budgeted Solely out of Forfeiture Funds:	\$
3.	Number of Employees Paid Using Forfeiture Funds:	#
4.	<b>TOTAL OVERTIME PAID OUT OF CHAPTER 59 FUNDS:</b>	\$
<b>C) EQUIPMENT</b>		
1.	Vehicles:	\$
2.	Computers:	\$
3.	Firearms, Protective Body Armor, Personal Equipment:	\$
4.	Furniture:	\$
5.	Software:	\$
6.	Maintenance Costs:	\$
7.	Uniforms:	\$
8.	K9 Related Costs:	\$
9.	Visual Aid Equipment for Litigation:	\$
10.	Other (Provide Detail on Additional Sheet):	\$
11.	<b>TOTAL EQUIPMENT PURCHASED WITH CHAPTER 59 FUNDS:</b>	\$
<b>D) SUPPLIES</b>		
1.	Office Supplies:	\$

2.	Mobile Phone and Data Account Fees:	\$
3.	Internet:	\$
4.	Legal Library Supplies and Access Fees:	\$
5.	Other (Provide Detail on Additional Sheet) :	\$
6.	<b>TOTAL SUPPLIES PURCHASED WITH CHAPTER 59 FUNDS:</b>	\$
<b>E)</b>	<b>TRAVEL</b>	
1.	In State Travel	
	a) Transportation:	\$
	b) Meals & Lodging:	\$
	c) Mileage:	\$
	d) Incidental Expenses:	\$
	e) Total In State Travel	\$
2.	Out of State Travel	
	a) Transportation:	\$
	b) Meals & Lodging:	\$
	c) Mileage:	\$
	d) Incidental Expenses:	\$
	e) Total Out of State Travel	\$
3.	<b>TOTAL TRAVEL PAID OUT OF CHAPTER 59 FUNDS:</b>	\$
<b>F)</b>	<b>TRAINING</b>	
1.	Fees (Conferences, Seminars):	\$
2.	Materials (Books, CDs, Videos, etc.):	\$
3.	Other (Provide Detail on Additional Sheet):	\$
4.	<b>TOTAL TRAINING PAID OUT OF CHAPTER 59 FUNDS</b>	\$
<b>G)</b>	<b>INVESTIGATIVE COSTS</b>	
1.	Informant Costs:	\$
2.	Buy Money:	\$
3.	Lab Expenses:	\$
4.	Other (Provide Detail on Additional Sheet) :	\$
5.	<b>TOTAL INVESTIGATIVE COSTS PAID OUT OF CHAPTER 59 FUNDS:</b>	\$
<b>H)</b>	<b>PREVENTION/TREATMENT PROGRAMS / FINANCIAL ASSISTANCE / DONATIONS (pursuant to Articles 59.06 (d-3(6)), (h), (j), (n), (o) (d-2)):</b>	
1.	Total Prevention/Treatment Programs (pursuant to 59.06(d-3(6)), (h), (j)):	\$
2.	Total Financial Assistance (pursuant to Articles 59.06 (n) and (o)):	\$

3.	Total Donations (pursuant to Articles 59.06 (d-2)):	\$
4.	<b>TOTAL PREVENTION/TREATMENT PROGRAMS / FINANCIAL ASSISTANCE / DONATIONS (pursuant to Articles 59.06 (d-3(6)), (h), (j), (n), (o) (d-2)):</b>	\$
<b>I)</b>	<b>FACILITY COSTS</b>	
1.	Building Purchase:	\$
2.	Lease Payments:	\$
3.	Remodeling:	\$
4.	Maintenance Costs:	\$
5.	Utilities:	\$
6.	Other (Provide Detail on Additional Sheet):	\$
7.	<b>TOTAL FACILITY COSTS PAID OUT OF CHAPTER 59 FUNDS:</b>	\$
<b>J)</b>	<b>MISCELLANEOUS FEES</b>	
1.	Court Costs:	\$
2.	Filing Fees:	\$
3.	Insurance:	\$
4.	Witness Fees (including travel and security):	\$
5.	Audit Costs and Fees (including audit preparation and professional fees):	\$
6.	State Bar Dues and Legal Association Dues:	\$
7.	Legal Library Supplies and Access Fees:	\$
8.	Other (Provide Detail on Additional Sheet):	\$
9.	<b>TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPTER 59 FUNDS:</b>	\$
<b>K)</b>	<b>PAID TO STATE TREASURY / GENERAL FUND / HEALTH &amp; HUMAN SERVICES COMMISSION:</b>	
1.	Total paid to State Treasury due to lack of local agreement pursuant to 59.06 (a):	\$
2.	Total paid to State Treasury due to participating in task force not established in accordance with 59.06 (q)(1):	\$
3.	Total paid to General Fund pursuant to 59.06 (C-3) ( c) (Texas Department of Public Safety only):	\$
4.)	Total forfeiture funds transferred to the Health and Human Services Commission pursuant to 59.06 (p):	\$
5)	<b>TOTAL PAID TO STATE TREASURY / GENERAL FUND / HEALTH &amp; HUMAN SERVICES COMMISSION OUT OF CHAPTER 59 FUNDS:</b>	\$
<b>L)</b>	<b>TOTAL PAID TO COOPERATING AGENCY(IES) PURSUANT TO LOCAL AGREEMENT:</b>	\$
<b>M)</b>	<b>TOTAL OTHER EXPENSES PAID OUT OF CHAPTER 59 FUNDS WHICH ARE NOT ACCOUNTED FOR IN PREVIOUS CATEGORIES (provide detailed descriptions on additional sheet(s) and attach to this report):</b>	\$

<b>N) TOTAL EXPENDITURES:</b>	<b>\$</b>
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**NOTE: BOTH CERTIFICATIONS MUST BE COMPLETED**

**AUDITOR / TREASURER / ACCOUNTING PROFESSIONAL / RESPONSIBLE OFFICIAL  
CERTIFICATION**

I swear or affirm that the Commissioners Court, City Council or Agency Head (if no governing body) has requested that I conduct the audit required by Article 59.06 of the Code of Criminal Procedure and that upon diligent inspection of all relevant documents and supporting materials, I believe that the information contained in this report is true and correct.

AUDITOR, TREASURER,  
ACCOUNTING PROFESSIONAL or  
RESPONSIBLE OFFICIAL (Printed  
Name):

\_\_\_\_\_

TITLE:

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_

**AGENCY HEAD CERTIFICATION**

I swear or affirm, under penalty of perjury, that I have accounted for the seizure, forfeiture, receipt, and specific expenditure of all proceeds and property subject to Chapter 59 of the Code of Criminal Procedure, and that upon diligent inspection of all relevant documents and supporting materials, this asset forfeiture report is true and correct and contains all information required by Article 59.06 of the Code of Criminal Procedure. I further swear or affirm that all expenditures reported herein were lawful and proper, and made in accordance with Texas law.

ATTORNEY REPRESENTING THE  
STATE (Elected Official) (Printed  
Name):

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_

**RETURN COMPLETED FORM TO:** Office of the Attorney General  
Criminal Prosecutions Division  
P.O. Box 12548  
Austin, TX 78711-2548  
Attn: Kent Richardson  
(512)463-1591  
Chapter59AuditReport@texasattorneygeneral.gov

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